

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
**02-019**

2. STATE  
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-

b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A  
Supplement 8a, page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 2.6-A  
Supplement 8a, page 5

10. SUBJECT OF AMENDMENT:

SSI-related Income Disregard

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
DENNIS BRADDOCK

14. TITLE:  
Secretary

15. DATE SUBMITTED:

9/4/02

16. RETURN TO:

Department of Social and Health Services  
Medical Assistance Administration  
925 Plum St SE MS: 45530  
Olympia, WA 98504-5530

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

SEP 12 2002

18. DATE APPROVED:

DEC -8 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Banner Butterfield

22. TITLE:

Associate Regional Administrator

23. REMARKS:

TESTIMONY: 9/11  
(DATE)

Olympia  
(STATE)

REVISION

SUPPLEMENT 8a to ATTACHMENT 2.6-A  
Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Washington

6. The following applies to individuals covered under Section 1902 (a) (10) (A) (ii) (IV) of the Act, who are defined in 1905 (a) (iii) and (vii).

Disregard income equal to the difference between the Federal Benefit Rate and the Categorically Needy Income Level for individuals and couples as in effect on January 1, 2002 and as described in supplement 6 to Attachment 2.6-A, Page 1.

TN# 02-019  
Supersedes  
TN# 99-03

Approval Date:

Effective Date: 7/1/02